L13000124397

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COVER LETTER

TO: Registration Section
Division of Corporations

_{ѕивјест:} Amika Tutoring, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Obiozor

Name of Person

Unified Learning Solutions

Firm/Company

6434 Heidi Rd

Address

Jacksonville, FL 32277

City/State and Zip Code

customersupport@unifiedlearningsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amika Gibbons

.,904<u>,</u>338-4417

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

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□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amika Tutoring, LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Compan	y were filed on 09/04/2013	and assigned		
Florida document number L13000124397				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
Unified Learning Solutions, LLC				
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the design	gnation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		(D) 1 24		
		70 64		
Enter new mailing address, if applicable:		一		
(Mailing address MAY BE A POST OFFICE BOX)		ONE -		
		»,		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, re:	enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flo			
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
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		-	Remove		
			Add		
			Remove		
		-	Add		
			Remove		
					
		 	Add		
			Remove		

D. If amending any other information, enter cha	ange(s) here: (Attach addition	al sheets, if necessary.)	
			
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specif	fic and cannot be more than 90	(optional) days after filing.) (605.0207	(3)(b)
December 31 20	013		
anila Lewel	Sibary		
Anika Jewe	1 000.	of a member	
Ту	ped or printed name of signee		
	Page 3 of 3	1	
	Filing Fee: \$25.00	ALLAHASSEL FEOR	14 JAN -2 FN 1:
		A CORP	 .3